
Health Care & Wellness Committee

HB 1123

Brief Description: Reducing the spread of multidrug resistant organisms.

Sponsors: Representatives Campbell, Morrell, Hunter, Pedersen, Chase, Ormsby, Simpson, Wood and Conway.

Brief Summary of Bill

- Requires hospitals to adopt a policy regarding methicillin-resistant staphylococcus aureus (MRSA).
- Requires hospitals to report incidences of MRSA to the Department of Health.
- Requires the Department of Health to issue an annual report on the MRSA data it collects from hospitals.

Hearing Date: 1/27/09

Staff: Jim Morishima (786-7191)

Background:

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Staphylococcus aureus, or "staph," are bacteria that live on the skin and can cause infections ranging from pimples or boils to more serious infections of the internal organs. The majority of staph infections are minor and do not require treatment with antibiotics. More severe staph infections, however, are often treated with antibiotics. MRSA is a strain of staph that has become resistant to methicillin and other antibiotics.

MRSA is spread by touch or contact and can enter the body through cuts or surgical incisions. MRSA can lead to a range of health consequences from minor skin infections to more serious infections of organs and bones. Most MRSA infections are acquired in hospitals and other health care settings, but the number of MRSA infections acquired in the community has been increasing.

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The Incidence of MRSA

In 2007, the Centers for Disease Control and Prevention (CDC) estimated that approximately 94,360 people nationwide developed a serious MRSA infection in 2005. Of these people, the CDC estimated that approximately 18,650 died during a hospital stay related to the infection.

In Washington, the Department of Health (DOH) and local health jurisdictions have issued a variety of reports relating to MRSA, which all indicate that the incidence of MRSA in Washington is increasing. For example, data collected by the DOH from hospitals and laboratories participating in Washington's Antibiotic Resistance Sentinel Network indicated that the percentage of staph infections identified as MRSA increased from 28% to 43% between 2002 and 2004. Data collected by several counties from hospitals, long-term care facilities, and outpatient clinics indicated that the rates of MRSA infections increased between 2003 and 2006.

More recently, in November of 2007, the Governor asked the DOH to monitor for invasive MRSA infections through voluntary lab reporting. Although the monitoring project confirmed that MRSA infections are occurring statewide, the DOH found that the utility of the data was limited. For example, the DOH found that it was impossible to use the data to calculate the total incidence of MRSA in the general population, to determine the severity of a given infection, or to determine whether a given patient was hospitalized.

In 2008, the DOH began to require hospitals to report incidences of MRSA through its Comprehensive Abstract Reporting System (CHARS). The CHARS collects data on patients discharged from a hospital. Information from the CHARS is used to help public health personnel, consumers, purchasers, payers, providers, and researchers make informed decisions regarding health care and health care policy.

Public Education About MRSA

The DOH has developed a variety of materials to educate the public about MRSA. For example, the DOH collaborated with the Tacoma-Pierce County Health Department, Group Health Cooperative, and Multi-Care Health Systems to create a "Living with MRSA" booklet. The booklet contains a variety of information on MRSA including how it is transmitted, how it is treated, and how a person with MRSA should care for himself or herself. The DOH has also developed a fact sheet regarding MRSA skin infections, which includes information on how to prevent the spread of the infection.

Hospital Policies on Infection Control

The DOH, by rule, requires hospitals to develop and implement an infection-control program, which must include written policies and procedures that are consistent with CDC guidelines. The policies must be specific to service areas when appropriate and must address a variety of issues, including the use of equipment, prevention of cross contamination, environmental management and housekeeping, occupational health, attire, traffic patterns, antisepsis and hand-washing, scrub technique and surgical preparation, biohazard waste management, barrier and transmission precautions, and pharmacy and therapeutics.

Summary of Bill:

Every licensed hospital must adopt a policy on Methicillin-Resistant Staphylococcus Aureus (MRSA) by January 1, 2010. The policy must, at a minimum, contain the following elements:

- a procedure for identifying and testing "at-risk patients" for MRSA. An "at-risk patient" is defined as a surgical patient who, because of the nature of the surgical procedure involved, faces a great risk of harm if infected with MRSA during the procedure or a patient who is in a hospital's intensive-care unit;
- appropriate procedures to help prevent patients who test positive from infecting other patients, including segregation; and
- a requirement that every patient who tests positive for MRSA be given oral and written instructions regarding aftercare and precautions to prevent further spread of the infection.

A hospital that has identified a patient who tests positive for MRSA must report the infection to the Department of Health (DOH) using the Comprehensive Abstract Reporting System (CHARS). The DOH must issue an annual report on the MRSA infection data it collects using the CHARS beginning November 15, 2009. The report may contain any recommendations the DOH may have on reducing the spread of MRSA.

Appropriation: None.

Fiscal Note: Requested 1/21/09.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.